

Background and Acknowledgements

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded state-wide surveillance system that collects detailed information on deaths resulting from violence: homicide, suicide, unintentional firearm deaths, legal intervention, and deaths for which intent could not be determined. NC-VDRS is a multi-source system that gathers information from death certificates, medical examiner reports, and law enforcement reports. The goal of this system is to aid researchers, legislators, and community interest groups in the development of public health prevention strategies to reduce violent deaths. NC-VDRS began collecting data in January, 2004. This document summarizes findings from Forsyth County, North Carolina that occurred from 2004 to 2007.

A Statewide Annual Report for 2007 will be completed by summer of 2010. More information can be found at: www.injuryfreenc.ncdhhs.gov/About/ncVDRS.htm.

The task of locating, abstracting, entering, and evaluating the data that are used to create the NC-VDRS is challenging, time-consuming and difficult. The extent and quality of the data in this report are the direct result of the dedication of the NC-VDRS staff: Tammy Norwood, Program Manager, and Susan Autry and Pat Jones, Statistical Research Assistants.

Thanks to Sharon Schiro for the analysis and programming of the NC-VDRS data, and Becca Byrd for the formatting and updating of this report.

Three advisory groups provided assistance to us with this report. The leadership of these advisory groups formed the Board Leadership & Evaluation Team (BLET). Members of the BLET for 2007 were Tamera Coyne-Beasley, Kay Sanford, Phillip J. Cook, Sandra Martin, Steve Marshall, and Anna Waller.

We acknowledge the assistance and on-going support of the N.C. State Center for Health Statistics, the N.C. Office of the Chief Medical Examiner, and the N.C. State Bureau of Investigation, as well as the many local law enforcement agencies throughout N.C. that have provided information to the NC-VDRS.

This report was supported in part by Cooperative Agreement Number 5U17CE423098-07 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent official views of the Centers for Disease Control and Prevention.